

I hereby certify that this correspondence is sent via
facsimile transmission to 1-703-872-9306 to Examiner
Hartman, and is addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
on July 19, 2004

Date of Deposit

David W. Okcy, Regis. No. 42,959

Name of applicant, assignee or
Registered Representative

Signature

19 July 2004
Date of Signature

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JUL 19 2004

OFFICIAL

Our Case No. 10541/276

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Walter Mayer

Serial No. 09/842,467

Filing Date: April 26, 2001

For: Automatic Procedure for Locating
Addresses on a Bus System

Examiner Ronald D. Hartman, Jr.

Group Art Unit No. 2121

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In reply to the restriction requirement mailed June 29, 2004, Applicant has timely
filed this Response, as evidenced by the above Certificate of Facsimile Transmission.
Applicants elect Group I with traverse.

Remarks/arguments begin on p. 2 of this paper.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Walter Mayer

Appln. No.: 09/842,467

Filed: April 26, 2001

For: Automatic Procedure for Locating Addresses
on a Bus System

Attorney Docket No: 10541-276

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CENTRAL FAX CENTERExaminer: Ronald D.
Hartman, Jr.

JUL 19 2004

Art Unit: 2121

OFFICIAL

MS Non-Fee Amendment
Commissioner for Patents
U.S. Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

☒ Response to Restriction Requirement☐☐☒ Return Receipt Postcard

Fee calculation and payment:

☒ No additional fee is required.☐ An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).☐ A petition or processing fee in an amount of \$_____ under 37 C.F.R. § 1.17(____).☐ An additional filing fee has been calculated as shown below:

				Small Entity		or	Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate		Rate	Add'l Fee
Total		Minus			x \$9=		x \$18=	
Indep.		Minus			x 42=		x \$84=	
First Presentation of Multiple Dep. Claim					+ \$140=		+ \$280=	
				Total	\$		Total	\$

Fee calculation and payment:

☐ A check in the amount of \$_____ to cover the above-identified fee(s) is enclosed.☐ Please charge Deposit Account No. 06-1500 (VISTEON GLOBAL TECHNOLOGIES, INC.) in the amount of \$_____. A copy of this Transmittal is enclosed for this purpose.☒ The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 06-1500. A copy of this Transmittal is enclosed for this purpose.

Respectfully submitted,

Date

(Reg. No. 42,) 959
Attorney/Agent for Applicant

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Group facsimile no.: (703) 872-9306) on the below date:

Date: Jul 19, 2004

Name: DAVID W. OKER

Signature: [Signature]

BRINKS
HOFERBRINKS HOFER GILSON & LIONE
P.O. Box 10305

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